

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012191

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 159

Primary Registration District No. 2590

Registrar's No. 15

FILED APR 2 1963

VS 300  
Rev. 4/59

1 0500

2 2239

3

4 0

5 1

6

7 0

8 2

9 42-01

10

11

12 91-9

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

5-24-63

Eligha F. Young

Eligha F. Young

DOCUMENT

BY AFFIDAVIT OF General Director

|   |   |  |                                 |
|---|---|--|---------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jefferson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY   |                                 |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Big River Twp.</b>  |   | c. CITY OR TOWN <b>St. Louis</b>   |                                 |
| Length of stay in lb <b>36 Hrs.</b>   |   | Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Fletcher, Mo.</b>   |   | d. STREET ADDRESS (If outside, give location) <b>2528 No. Jefferson</b>  |                                 |
| 3. NAME OF DECEASED<br>(Type or print) <b>Eligha F. Young</b>   |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>15</b> Year <b>1963</b>  |                                 |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <b>2/12/02</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>  |                                 |
| 11. BIRTHPLACE (City and state or country) <b>Desloge, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |                                 |
| 13a. FATHER'S NAME <b>Charles Young</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Emily Graves</b>  |                                 |
| 14. NAME OF HUSBAND OR WIFE <b>Ruby Young</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>Yes</b> <b>W.W.I</b>   |                                 |
| 16. SOCIAL SECURITY NO. <b>2</b>  |   | 17. INFORMANT <b>2520 NewHouse Overland, Mo.</b>   |                                 |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b><br>DUE TO (b)<br>-DUE TO (c)  |   | INTERVAL BETWEEN ONSET AND DEATH   |                                 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                 |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                 |
| 20c. TIME OF INJURY<br>Hour <b>10:40</b> a.m. <b>P</b> Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                 |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION <b>Fletcher</b> COUNTY <b>Mo.</b> STATE   |                                 |
| 21. I attended the deceased from <b>10:40</b> to <b>P</b> and last saw her alive on <b>3/16/63</b><br>Death occurred at <b>10:40 P</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |                                 |
| 22. SIGNATURE (Degree or title) <b>James C. Johnson M.D.</b>  |   | 22b. ADDRESS <b>Fletcher, Mo.</b>  |                                 |
| 22c. DATE SIGNED <b>3/16/63</b>   |   | 22d. LOCATION (City, town, or county) (State)  |                                 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>3/19/63</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Fletcher</b>   |                                 |
| 24. FUNERAL DIRECTOR <b>HOPPE 4700 Washington, St. Louis</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>3-18-63</b>  |                                 |
| 26. REGISTRAR'S SIGNATURE <b>Carl E. Brehm</b>  |   | 26. REGISTRAR'S SIGNATURE  |                                 |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 28 1963

APR 28 1963

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Isaac W. Walburn

Licensed Embalmer No. 3575

P. O. Address 17 Loring St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.